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**DECLARATION AND POWER OF ATTORNEY**

(Case No. 92,678)

As below-named inventors, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PERIPHERALIZATION OF HEMATOPOIETIC STEM CELLS**

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, Sections 1.56(a) and 1.56(b).

The undersigned hereby appoints the following as my Attorneys:

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and  
as my Registered Patent Agents:

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the mailing address and telephone number of each of whom is ALLEGRETTI & WITCOFF, LTD., Ten South Wacker Drive, Chicago, Illinois 60606, and (312) 715-1000, with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: <sup>1-00</sup> Thalia Papayannopoulou

Inventor's signature

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